

## Gaithersburg Youth Center Trip (Grades 6-8)

# NATIONAL ZOO



**TUE, APRIL 11**  
**9AM-2PM**

**\$15**  
**Members Only**

**BOHRER PARK ACTIVITY CENTER**  
506 S. FREDERICK AVE.  
GAITHERSBURG, MD 20877

**NATIONAL ZOO**  
3001 CONNECTICUT AVE NW,  
WASHINGTON, DC 20008

### Registration Information:

Return Permission Slip &  
Payment to City of  
Gaithersburg:

Activity Center/GYC Trip  
506 S. Frederick Ave.  
Gaithersburg, MD 20877

Or fax form to 301-948-8364

Checks made payable to the  
City of Gaithersburg. Visa,  
Discover, MasterCard, &  
AMEX accepted.

### **BE A PART OF OUR ZOO SCAVENGER HUNT! WIN A PRIZE!!**

**MEET AT THE ACTIVITY CENTER AT BOHRER PARK NO LATER THAN 8:45AM.**  
**PARTICIPANTS WILL RETURN TO THE GAITHERSBURG YOUTH CENTER BY 2:00PM**

**Trip participants will be returned to the GYC and are welcome to stay until it closes at 6:00pm.**

**Lunch will not be provided on this trip. Please send your child with a bag lunch.**



**Questions? Call Maura Dinwiddie or Jake Hersom at 301-258-6350**  
***Gaithersburg Parks, Recreation & Culture - Move...Play...Grow***

### **National Zoo 4/11/17 #47288**

☐ Check here if new address/phone since last time registered. City Resident ☐ Nonresident ☐

Parent's Last Name \_\_\_\_\_ Parent's First Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Participant's Name	Sex (M/F)	Birthdate (M/D/Y)	Activity	Activity #	Date	Grade	School	Fee
			Zoo	47288	4/11/17			\$15

*I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs an/or video tapes made of the program.*

\_\_\_\_\_  
**Print Parent/Guardian Name**

\_\_\_\_\_  
**Signature of Parent/Guardian**

Does your child have any allergies, medications or conditions that may affect participation in the program? Y ☐ N ☐

**Please specify:** \_\_\_\_\_

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made prior to the start of the program. Please call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$ \_\_\_\_\_ Cash ☐ Check # \_\_\_\_\_

Visa/MC/DISC/AMEX# \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Signature (name on card) \_\_\_\_\_

Print Name \_\_\_\_\_

### **Office Use Only: 47288**

Rec'd: \_\_\_\_\_ Initials \_\_\_\_\_

W P M F Resident: Y N

Pr: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only: 47288**

Rec'd: \_\_\_\_\_ Initials \_\_\_\_\_

W P M F Resident: Y N

Pr: \_\_\_\_\_ Date: \_\_\_\_\_